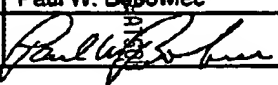


S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	826.1590		
		Application Number	09/503,205		
		Filing Date	February 14, 2000		
		First Named Inventor	Jun KOGURE		
		Group Art Unit	2135		
AMOUNT ENCLOSED	720.00	Examiner Name	Klimach, Paula W.		
FEE CALCULATION (fees effective 10/01/03)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	19	20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	6	6 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>November 12, 2004</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160));					\$120.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 120.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 120.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendancy hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	Paul W. Bopowicz		Reg. No.	47,431	
Signature			I hereby certify that this correspondence is being transmitted by first class mail to the Commissioner of Patents and Trademarks. By: <u>Paul W. Bopowicz</u> Date: <u>12/13/2004</u>		

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/503 205

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	78
+130=		OR	+260=	
TOTAL		OR	TOTAL	768

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20	=
Independent	6	Minus	4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	172
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	172 pa

12/13/04

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20	=
Independent	6	Minus	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.